Dr. Stufflebam

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015605
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 549

FILED APR 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | ITEM NO. | INSTEAD OF | SHOULD READ | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD
Length of stay in 1b: 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BAPTIST HOSP.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CEDAR
c. CITY OR TOWN: STOCKTON
Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First GAIL Middle FRANKLIN Last ASHLOCK

4. DATE OF DEATH: Month APRIL Day 12 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 3/22/39

9. AGE (last birthday): 24
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): HUMANSVILLE, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: SAM ASHLOCK

13b. MOTHER'S MAIDEN NAME: MINNIE WHITLOCK

14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: MRS. CLYDE WALLACE, STOCKTON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Asphyxiation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchial secretions
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Palsy
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-10-63 to 4-12-63 and last saw her/him alive on 4-11-63
Death occurred at 12:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robt. E. Stufflebam M.D.
22b. ADDRESS: 1211 S. Glenstone
22c. DATE SIGNED: 4-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4/14/63
23c. NAME OF CEMETERY OR CREMATORY: STOCKTON CEMETERY
23d. LOCATION (City, town, or county) (State): STOCKTON, MO.

24. FUNERAL DIRECTOR ADDRESS: H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 4-16-63
26. REGISTRAR'S SIGNATURE: Effie B. Green

(Licensed Embalmer's Statement on Reverse Side)

Permit 4-15-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lucien T. Bradley

Signature of Student Embalmer

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.